

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24407

STATE FILE NUMBER

3428

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conv. Home 3516 Summitt			Length of stay in lb 2 yrs.		d. STREET ADDRESS 1216 N. 25th		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HANNAH Middle HENRIETTA Last BENNETT				4. DATE OF DEATH Month July Day 19 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 4, 1879	
9. AGE (In years last birthday) 78 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Kansas City, Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME William Ley			
14. MOTHER'S MAIDEN NAME Wilhelmia Jasper				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. none				17. INFORMANT Address Mrs. Howard Soule 1216 N. 25th K.C.K.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic - Aspiration pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pseudobulbar palsy (9th nerve paresis) DUE TO (c) Arteriosclerotic encephalopathy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Generalized Arteriosclerosis Arterial hypertension INTERVAL BETWEEN ONSET AND DEATH 6 days 5 years 5 years							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3324					
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office building, etc.) 3324					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from 9/15/49 to 7/11/57 and last saw her alive on 7/15/57 Death occurred at 11:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William T. Sirridge, M.D.				22b. ADDRESS 750 Monroe, K.C.Ks.		22c. DATE SIGNED 20 July 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/22/57		23c. NAME OF CEMETERY OR CREMATORY Highland Pk. Cem.		23d. LOCATION (City, town, or county) Kansas City, Ks.	
24. FUNERAL DIRECTOR ADDRESS Geo. F. Porter & Sons K.C.Ks.				25. DATE RECD. BY LOCAL REG. 7-22-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 579

P. O. Address 19th & Mi
Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.